

**Public Speaking Feedback**

**Name of Speaker:**

**Title of Presentation:**

**Context (e.g., in-person, virtual, pre-recorded):**

**Setting (e.g., 1:1 practice, group practice, actual presentation):**

**Name of Evaluator: Date:**

**Targeted Duration: Actual Duration:**

**Note:** Consider inserting slides numbers to make tracking needed edits easier for the evaluator.

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| --- | --- | --- | --- | --- | --- |
| **Skill Area** | **Emerging or Not Yet Present** | **Emerging** | **Proficient** | **Expert** | **Master** |
| Clarity of language (e.g., fluent, minimal fillers and other disfluencies) |  |  |  |  |  |
| Varied spoken language (e.g., intonation) |  |  |  |  |  |
| Content of language matched audience |  |  |  |  |  |
| Eye contact (e.g., used to connect with audience, scanned room equally) |  |  |  |  |  |
| Gestures (e.g., not too distracting or too stiff) |  |  |  |  |  |
| Attended to audience (e.g., adjusted speed or volume, clarified points) |  |  |  |  |  |
| Message (e.g., clear main point or message) |  |  |  |  |  |
| Engaging (e.g., fluent presentation, minimal or no use script) |  |  |  |  |  |
| Visuals (e.g., well matched to content, not too much text) |  |  |  |  |  |
| Notes: | | | | | |

**Public Speaking Feedback Summary**

Things you are doing well:

Specific edits to consider:

Things to consider: